

HS-19.16, MENTAL HEALTH SERVICES - MEDICATION ASSISTED TREATMENT PROGRAM
DELIVERY PROTOCOL

SCDC POLICY

NUMBER: HS-19.16

TITLE: MENTAL HEALTH SERVICES - MEDICATION ASSISTED TREATMENT
PROGRAM DELIVERY PROTOCOL

ISSUE DATE: SEPTEMBER 17, 2021

RESPONSIBLE AUTHORITY: DIVISION OF BEHAVIORAL HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: SCDC POLICY HS-19.16 (March 1, 2019); (February 20, 2018)

RELEVANT SCDC FORMS/SUPPLIES: 19-11, M-201, M-202, M-203, M-204, M-
205

ACA/CAC STANDARDS: 4-ACRS-4C-06, 4-ACRS-5A-08, 4-ACRS-5A-12, 4-ACRS-
7D-08, 4-4099, 4-4102, 4-4347, 4-4350, 4-4361, 4-4363-1, 4-4377, 4-4378, 4-4413,
4-4437, 4-4438, 4-4439, 4-4440, 4-4441

STATE/FEDERAL STATUTES: Health Insurance Portability and Accountability Act
of 1996 (HIPAA), and 42 C.F.R. Part 2

PURPOSE: The purpose is: (1) to provide Medication Assisted Treatment (MAT)
education to an offender prior to his/her release in an effort to reduce recidivism,
and to increase treatment retention and improved outcomes; (2) to empower
offenders with evidence-based recovery tools necessary to recover from alcohol and
opioid Substance Use Disorders (SUD) with the use of Naltrexone, Vivitrol, and
Naloxone (Narcan); (3) to assist offenders who have opioid and alcohol use
disorders achieve long-term abstinence and recovery by managing cravings and
blocking the effects of ingested opioids and alcohol; and (4) to improve outcomes for
offenders enrolled in the MAT Program, facilitate the coordination of services, and
increase communication and collaboration with community stakeholders.

POLICY STATEMENT: It is the policy of the South Carolina Department of
Corrections (SCDC) to employ various Medication Assisted Therapies as an adjunct
to social, behavioral, and supportive therapies and services, to assist offenders to
achieve a successful integration into society while effectively managing their lifelong

recovery.

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SPECIFIC PROCEDURES:

1. OVERVIEW:

1.1 The connection between drug abuse and crime is well known. One-half to two-thirds of inmates in jails and in state and federal prisons meet standard diagnostic criteria (DSM-5) for alcohol/drug substance use disorders. Research indicates that when treating substance use disorders, a combination of medication and behavioral therapies is most successful. Medication Assisted Treatment (MAT) is clinically driven with a focus on individualized patient care. MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders, usually related to opioid/heroin and alcohol.

2. CORE FUNDAMENTALS OF PROGRAM DELIVERABLES:

2.1 Orientation and Screening: All offenders may receive orientation at the Reception and Evaluation Center. Offenders will receive a description of the following:

- General nature and goals of the program

- Rules governing offender program expectations
- Notice of infractions that can lead to termination from the program services
- Naltrexone (Vivitrol) medication education, and
- Naloxone (Narcan) medication administration and education.

2.2 The administrative and initial screening procedures determine an offender's eligibility and readiness for the Medication Assisted Treatment (MAT). All offenders may request MAT Program placement and, after screening and approval, can be transferred to an identified MAT Program institution.

2.3 Orientation and Screening services will initially be provided at the following locations, although they may be expanded in the future: Allendale, C.I., Broad River C.I., Camille Graham C.I., Kershaw C.I., Kirkland C.I., Leath C.I., Lieber C.I., Manning C.I., Perry C.I., and Turbeville C.I. Orientation and screening can also occur in the community setting.

2.4 Referral: Offenders who are requesting MAT Program admission will need to forward SCDC Form 19-11, "Request to Staff Member," to the Division Director of Addiction Recovery Services or designee, an Addiction Treatment Program's Manager, staff Peer Support Specialist, or assigned Youthful Offender Intensive Supervision Officer (ISO). SCDC staff may submit SCDC Form M-203, "MAT Program, Program Referral Form," when referring an offender to the program. Offenders requesting admission will receive SCDC Form M-201, "MAT Program, Letter to Offender," notifying them that the request has been submitted to the Division Director.

2.5 Eligibility and Review Process: The admission process is designed to assess the offender's appropriateness for programming by reviewing the offender's problems, needs, Substance Use Disorders (SUD) history, medical records, and commitment to behavioral changes. Service deliverables of the MAT Program apply universally for all participants while incarcerated; however, community supervision timeframes vary based on participant request for services. All MAT Programming is voluntary. Once approved for admission by designee, the assigned addiction recovery staff member will submit SCDC Form M-205, "MAT Program, Medical Referral," to the SCDC medical staff for a medical assessment within two (2) weeks of the initial

individual support session regarding any contraindications to participating in the MAT Program.

2.5.1 Eligibility Criteria: An Addiction Treatment Program staff person, Peer Support Specialist, or an ISO will make arrangements to meet with the offender to determine his/her eligibility which includes the following:

- History of opioid use;
- Completion of SCDC Form 202, "MAT Program, Vivitrol (Naltrexone extended release injection) Consent Form;"
- Completion of an educational session on identifying signs of an overdose and proper administration of Narcan;
- Agreement to engage with an identified community provider post release for follow-up counseling and support with follow-up injections; and
- Agreement to sign a Department of Alcohol and Other Drug Abuse Services (DAODAS) Form, "Consent for the Release of Confidential Information," to promote continuity of care.

2.5.2 Exclusion Criteria:

- Pre-trial status;
- High liver enzymes count (generally three (3) times the normal count or >120) determined by medical staff or other medical clearance denial; or
- Refuses to sign SCDC Form M-202, "MAT Program, Vivitrol (Naltrexone extended release injection) Consent Form," and/or the Department of Alcohol and Other Drug Abuse Services (DAODAS) Form, "Consent for the Release of Confidential Information."

Note: Any offender that terminates from the MAT program at any time after being screened will still receive Narcan upon leaving SCDC, unless they are in pretrial status or decline the Narcan.

2.6 Post Release Referral: Offenders who are not enrolled in the MAT Program prior to release/max-out may still be referred to the MAT Program. For Youthful Offenders, these referrals may be made by a Youthful Offender Intensive Supervision Officer (ISO). If MAT Vivitrol services will not be sponsored through the Young Offender Parole and Reentry Services (YOPRS), the ISO will need to request offender admission through the Division Director of Addiction Recovery Services or designee. If the offender admission is approved, the ISO may contact the nearest DAODAS community treatment provider network providing MAT services.

2.7 For adult offenders, a DAODAS Peer Support Specialist will work with the individual or their counselor/QMHP to coordinate referrals to appropriate community provider.

2.8 For education on and distribution of Narcan, information can be found on the website www.justplainkillers.com or through DAODAS. The DAODAS agency offices in counties providing medication assisted treatment are: Charleston, Orangeburg, Bamberg, Calhoun, Pickens, Greenville, Marion, Marlboro, Dillon, Horry, Columbia, Lexington, Spartanburg, Colleton, and York Counties.

2.9 Education Interventions: Inmates admitted to the MAT Program will receive individual support sessions, in addition to the one-time educational session (see 2.9.1), which can occur in the context of an individual session and will be documented in the offender's EHR. Additionally, the first session will focus on an assessment of motivational state, commitment to treatment, MAT Program expectation of participation, and consent. The 30-minute individual support sessions will focus on three (3) main themes and be conducted by the Peer Support Specialist/MAT Counselor:

- An assessment of and commitment to treatment.
- Psychological education appropriate to the inmate; readiness for change; and
- Supportive and reinforcing counseling intended to strengthen the offender's commitment to recovery.

•2.9.1 All participants will receive their first individual support session within the one (1) week timeframe that the offender receives his/her initial Naltrexone oral dosage. The assigned addiction recovery staff member will begin individual support sessions a minimum of six (6) weeks prior to the participant's release from SCDC, but can begin as soon as an offender in the program is identified.

2.9.2 Upon completion of the assigned individual support sessions, a Case Management Treatment Team review will be facilitated by the MAT Program assigned Counselor, offender ISO (if applicable), and any additional staff pertinent to ensure a cohesive transfer from pre-release services to post-release community services.

3. ADMINISTRATION AND STORAGE:

3.1 The assigned addiction recovery staff member will make a request to medical that Narcan be ordered for the offender as part of their max-out medication. The request will be filled under the standing order written by the Chief of Psychiatry or Chief Medical Officer and routed through medical to the central pharmacy for fulfillment. It is the responsibility of the receiving institution's nursing department to ensure Narcan is given to the recipient before leaving prison as part of their max-out procedures. Each person receiving Narcan will get one box (two [2] doses) as recommended by manufacturer's guidelines.

3.2 A Naltrexone tolerance trial will be arranged one (1) week prior to the first injection of Vivitrol. The offender will be prescribed Naltrexone 50 mg, daily for one (1) week, to assess for any adverse side effects of the medication. The medical staff will administer a urine drug screening eleven to fourteen (11-14) days before administration of the drug to ensure that offenders are drug free. Trained medical/nursing staff members at SCDC will administer the medication.

3.2.1 Medical staff requiring training on Vivitrol medication and/or administration will be scheduled through the Division Director of Addiction Recovery Services or designee.

3.3 Offenders participating in the MAT Program will receive the first injection of Vivitrol approximately five (5) days prior to release, which will be administered by the South Carolina Department of Corrections, Division of Health Services medical personnel.

3.4 Doses of the medication will be recorded in a log book as each dosing kit contains a safety syringe hypodermic needle.

3.5 The medical staff working with the offender must complete SCDC Form M-204, "Letter for Verification Participation." This letter must be given to the offender's assigned addiction recovery staff member/Discharge Planner and/or Intensive Supervision Officer.

3.6 Storage of Narcan will be done by the central pharmacy in accordance with manufacturer guidelines and distributed to the nursing departments at the institutions for which identified recipients will be leaving to re-enter society. The number of boxes distributed, along with any additional boxes on hand at the institution, will be sent to the central pharmacy for accurate reporting and storage each month. It will be responsibility of the central pharmacy to accurately report the number of boxes distributed and on hand monthly to DAODAS and the Federal Government through the procedures prescribed.

3.6.1 All training, educational material, and tracking methodologies for SCDC employees involved in the distribution of Narcan will be provided by DAODAS.

4. DISCHARGE PLANNING:

4.1 Assigned addiction recovery staff member will determine health coverage status. Offenders who had insurance while in the community may still have coverage; however, it will have been suspended and will require reactivation upon release. Offenders who do not have insurance must complete an application to make certain that they will have coverage to support the ongoing injections in the community if an individual source of insurance is an option. Offenders will be informed that, if insurance is not an option, financial services will be available through YOPRS and/or SC DAODAS to continue Vivitrol injections. Duration of post release services will be individualized to meet the needs of each participating offender.

4.2 The assigned addiction recovery staff member will determine where the offender will be living in the community, and in collaboration with the participant, will decide which community-based program will best accommodate the offender's needs. The SC DAODAS community providers are the only providers that have a Memorandum of Understanding (MOU) with SCDC and are, therefore, the only programs that offenders should be referred to for MAT post release program services.

4.3 Once a DAODAS community provider has been selected, the MAT Counselor will ask the offender to complete a Department of Alcohol and Other Drug Abuse Services (DAODAS) Form, "Consent for the Release of Confidential Information." The MAT Counselor will contact the community provider to make a referral and to arrange a phone and/or video conference call for initial introductions. The focus of this call is to initiate the engagement process between the offender and the community treatment program staff. Initial pre-admission paperwork may be completed at this time. If the offender has an assigned ISO, the ISO will also be invited to the meeting in an effort to ensure continuity of care services.

4.3.1 SC DAODAS community providers identified through the collaborative arrangement have agreed to collaborate with SCDC on the MAT Vivitrol Program. The following discharge planning package information will be forwarded to the community provider enhancing continuity of care: medical evaluation labs and forms, consent forms, start dates of oral Naltrexone and any side effects, date of first injection, demographic information, contact information, and from which correction facility the offender will be released. The shared goal is to facilitate the transition into substance use disorder treatment in the community.

5. OUTCOME MEASURES: Pre-release Program Activity Codes will be created to provide data indicating services received by each participant in the effort to measure program effectiveness. The following codes will be utilized:

- Code 978 - Admission Medication Assisted Treatment Program (MAT Program);
- Code 979 - MAT Program Post Release 90 Day;
- Code 980 - MAT Program Post Release 180 Day; and
- Code 981 - MAT Program Post Release Placement.

5.1 Discharge from Pre-Release Program:

5.1.1 The discharge date is the last scheduled day that the offender is assigned to the MAT Program. The community provider will enter the discharge code in the AMR Program service screen, indicating the participant has been discharged. If the

offender is discharged from the program due to any of the following reasons, the discharge code can be entered at that time: 1) max-out prior to completion of services; 2) early release; 3) medical reasons; or 4) behavioral disciplinary.

5.1.2 The discharge code should be entered no later than five (5) business days from the offender's discharge date.

5.1.3 The following codes should be entered in the AMR Program services screen IF USED:

- Code 978 - Admission Medication Assisted Treatment Program (MAT Program);
- Code 979 - MAT Program Post Release 90 Day;
- Code 980 - MAT Program Post Release 180 Day; and
- Code 981 - MAT Program Post Release Placement.

5.2 The following information will also be tracked by SCDC to monitor program effectiveness:

- The date of oral Naltrexone and date of first injection;
- The number of injections administered for each participant throughout the enrollment of the program;
- Drug screen results for participants;
- Whether an inmate completed the one (1) week of oral Naltrexone;
- Recidivism rates for offenders participating in the program;

- Offenders remaining connected to a community DAODAS provider once enrolled in the program;
- The number of boxes of Narcan distributed each month by institution; and
- If Narcan was used since returning to the community.

5.3 The Division Director or designee will perform quarterly audits on the MAT program information outlined in section 5.2 above to the extent possible.

6. DEFINITIONS:

Intensive Supervision Officer (ISO) - SCDC Division of Young Offender Parole and Reentry Services (YOPRS) employees assigned to provide intensive supervision to the youthful offender population during their incarceration and after their release from SCDC in an effort to support the offender's return to the community.

Medication Assisted Treatment Counselor (MAT Counselor) - The Medication Assisted Treatment Counselor is identified as either the Peer Support Specialist or an Addiction Treatment Program Counselor (ATU Counselor). ATU Counselors work in the Addiction Treatment Program under the supervision of the Addiction Treatment Program Manager.

Medication Assisted Treatment Program - The Substance Abuse and Mental Health Services Administration (SAMHSA) explains, "MAT is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

Naloxone (Narcan) - A medication that can reverse the effects of an opioid overdose. When administered during the overdose, it can block the effects of the opioid on receptors in the brain and return the individual to normal breathing within 2-8 minutes. Delivery method as it pertains to this policy is intranasal only. Naloxone has no known potential for abuse.

Naltrexone (Vivitrol) - A synthetic opioid antagonist delivered intramuscularly used to treat opioid and alcohol addiction effective for approximately twenty-eight (28) days.

Peer Support Specialist - Peer support will be provided by self-identified persons of substance use treatment who can demonstrate their own efforts toward self-directed recovery. By definition, a Peer Support Specialist (PSS) should be a person in recovery from an alcohol or other drug use disorder, with the following experiences and abilities:

- Have the ability to demonstrate recovery expertise, including knowledge of approaches to support others in recovery and dual recovery, as well as the ability to demonstrate his or her own efforts at self-directed recovery; and
- Two years of active participation in a local or national self-help group or recovery movement that is evidenced by previous volunteer or work experience.

In addition to being well established in his or her own recovery, the PSS should be resilient. He/she should possess the personal and community qualities that enable him/her to rebound from adversity, trauma, tragedy, threats, or other stressors and to go on with life with a sense of mastery, competence and hope. The PSS is a staff member hired by the South Carolina Department of Alcohol and Other Drug Services who will work at the South Carolina Department of Corrections with inmates transitioning back to the community.

SIGNATURE ON FILE

s/Bryan P. Stirling, Director

Date of Signature

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